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CONFIRMATION NO. 6409

<b>SERIAL NUMBER</b> 09/624,747	<b>FILING OR 371(c) DATE</b> 07/24/2000 <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2184	<b>ATTORNEY DOCKET NO.</b> ATAE-01015US0 DEL
<b>APPLICANTS</b> Drew Shaffer Roselli, Berkeley, CA; Rico Blaser, Berkeley, CA; Mike Carl Lechner, Campbell, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/360,899 07/26/1999 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/14/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 73
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 021603				
<b>TITLE</b> FAULT MONITOR <i>Title change per Amendment #8/A</i>				
<b>FILING FEE RECEIVED</b> 887	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 6409

SERIAL NUMBER 09/624,747	FILING DATE 07/24/2000  RULE	CLASS 705	GROUP ART UNIT 3623	ATTORNEY DOCKET NO. ATAE-01015US0 DEL
<b>APPLICANTS</b> Drew Shaffer Roselli, Berkeley, CA; Rico Blaser, Berkeley, CA; Mike Carl Lechner, Campbell, CA;				
<b>** CONTINUING DATA *****</b> CIP 09/360,899 1/26/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/14/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 73
		INDEPENDENT CLAIMS 2		
<b>ADDRESS</b> 021603 DAVID E. LOVEJOY, REG. NO. 22,748 102 REED RANCH ROAD TIBURON, CA 94920-2025				
<b>TITLE</b> Fault-tolerance framework for an extendable computer architecture				
FILING FEE  RECEIVED 887	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	